

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

57477

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-006145**

GENERATOR (Generator Must Complete)		③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)		④ Alternate TSD Facility	
Name ALUMINUM CO. OF AMERICA		Name OPERATING INDUSTRIES		Name BKK CO.	
② Name VERNON WORKS				SFUND RECORDS CTR 999001005	
EPA NO. CAD074126681		EPA NO. CAD080012024		EPA NO. CAD067786749	
Address 5151 ALCOA AVE Phone No. 588-6141		Address 900 N. POTRERO GRANDE DR.		Address 2210 AZUSA AVENUE	
City, State, Zip VERNON, CA 90058		City, State, Zip MONTEREY PARK, CA		City, State, Zip WEST COVINA, CA	

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER: /
WASTE			100	BBL'S	TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER

⑥ WASTE CATEGORY #7		⑦ EX. HAZ. WASTE PERMIT NO. _____		⑧ GENERATING PROCESS ALUMINUM FABRICATION	
LIST COMPONENTS:		CONC. UPPER	RANGE LOWER	UNITS	CONC. UPPER
⑨ A. WATER		93		<input checked="" type="checkbox"/> % <input type="checkbox"/> ppm.	
B. Sludge		2		<input checked="" type="checkbox"/> % <input type="checkbox"/> ppm.	
C. _____				<input type="checkbox"/> % <input type="checkbox"/> ppm.	
D. _____				<input type="checkbox"/> % <input type="checkbox"/> ppm.	
⑩ WASTE PROPERTIES: pH 7		<input type="checkbox"/> Toxic	<input type="checkbox"/> Flammable	<input type="checkbox"/> Corrosive/Irritant	<input type="checkbox"/> Reactive
⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other		ALUMINUM OXIDES & WATER			
⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other		Non Hazardous Material 100 %			

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ *[Signature]* **3/30/83**
Signature of Authorized Agent and Title Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)		⑮ PICK-UP DATE 3-30-83	
⑭ NAME ASBURY OIL CO.		TIME 1130 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
EPA NO. CAD028277036		⑯ <i>[Signature]</i> 3-30-83 Signature of Authorized Agent and Title Date	
ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392			
CITY, STATE, ZIP Gardena, California 90249			

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)		⑰ HANDLING OR DISPOSAL METHOD:	
⑰ NAME <i>[Signature]</i> QUANTITY (If Measured) 7		<input type="checkbox"/> Surface Impoundment <input type="checkbox"/> Landfill	
EPA NO. CAD080012024 ⑱ STATE FEE (If Any) _____		<input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment	
PHONE NO. _____		<input type="checkbox"/> Treatment (Specify) _____	
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____		<input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer	
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____			
㉒ NAME _____		⑳ <i>[Signature]</i> 3-30-83 Signature of Authorized Agent and Title Date Accepted	
EPA NO. _____			

ORIGINAL